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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Epidural Steroid Injection transforaminal bilateral L4-5 with sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Family Practice

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is the opinion of the reviewer that the requested Epidural Steroid Injection transforaminal bilateral L4-5 with sedation is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 05/04/12, 06/04/12
Follow up note dated 04/30/12, 03/19/12, 03/09/12, 01/10/12
Physical therapy initial evaluation dated 03/19/12
MRI lumbar spine dated 10/14/11
CT lumbar spine dated 09/08/11
Radiographic report dated 01/10/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female whose date of injury is xx/xx/xx. CT of the lumbar spine dated 09/08/11 revealed borderline central spinal stenosis at L4-5 due to the degenerative facet disease and ligamentum flavum hypertrophy. The AP canal diameter is 10 mm. There is mild bilateral foraminal stenosis. MRI of the lumbar spine dated 10/14/11 revealed evidence of anterior column fusion at L4-5; severe facet joint hypertrophy and ligamentum flavum thickening; no neural foraminal stenosis; there is some lateral recess stenosis with touching of the descending L5 nerve roots bilaterally. Note dated 01/10/12 indicates that the patient has had prior spine surgery including anterior fusion at L4-5 and L5-S1, which was done in July of 2004. The patient was doing well until her back pain was exacerbated from sitting incorrectly at work. The patient has been seeing Dr. and he tried various things including facet injections, facet rhizotomies, SI injections, and epidurals, but nothing has really provided substantial improvement in symptoms. Follow up note dated 04/30/12 indicates that her EMG/NCV was negative in October 2011. On physical examination her muscle strength is 5/5 in both lower extremities. Sensations are a little different than in left lower extremity as compared to right. Reflexes are symmetric in bilateral knees and ankles and seated root test does produce pain in the left. A request for epidural steroid injection transforaminal bilateral

L4-5 was non-certified on 05/04/12 noting that there are no signs of lumbar radiculopathy on physical examination and no evidence of lumbar radiculopathy on EMG/NCV and both lumbar CT and MRI do not reveal evidence of a compressive lesion. There is also documentation of prior ineffective spinal injections of all types. The denial was upheld on appeal dated 06/04/12 noting that the claimant does not have any radicular leg pain. The claimant is bothered solely by back pain. Thus, an epidural steroid injection cannot be approved. Epidural steroid injections are typically indicated for acute radicular processes rather than chronic mechanical axial back pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The patient underwent EMG/NCV in October 2011, which was negative. The patient's physical examination fails to establish the presence of active lumbar radiculopathy as required by the Official Disability Guidelines. The patient is noted to have undergone previous injections of all types to include epidural steroid injections, but nothing has really provided substantial improvement in symptoms. There are no procedure reports submitted for review and no documentation of at least 50% pain relief for 6-8 weeks as required by the Official Disability Guidelines prior to performance of repeat epidural steroid injection. The reviewer finds that the requested Epidural Steroid Injection transforaminal bilateral L4-5 with sedation is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)